

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Healthcare Distribution Management Association Political Action Commit-

tee

ADDRESS (number and street)

901 North Glebe Road

Suite 1000

Arlington

VA

22203

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

HDMAPAC@hdmanet.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

M	M
0	3

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00247569

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Ann W. BittmanSignature of Treasurer Electronically Filed by Ann W. Bittman

Date

M	M
0	3

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D	D
2	0

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Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only**For further information contact:**  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)